

PREPARED BY:

**FACILITY NAME:** 

**PSO:** 

## PRIVATE SEWAGE PUMP STATION ELAPSED TIME (ET) METER FORM

| <ul> <li>NOTE</li> <li>1. This form <u>must be signed</u> by a corporate official or authorized representative, who shall be responsible for the validity of the information provided.</li> </ul> |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
|---|------|----------------------------------|---------------------------|----------------------------------|---------------------------|----------------------------------|--|---|--|--|--|
|   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| ,   | 1    | 2                                | 3                         | 4                                | 5                         | 6                                | 7  | 8   |  |  |  |
|   | DATE | READING<br>PUMP 1<br>From meter1 | TIME<br>PUMP 1<br>(hours) | READING<br>PUMP 2<br>From meter2 | TIME<br>PUMP 2<br>(hours) | # OF DAYS<br>Between<br>Readings | TOTAL TIME<br>PUMP 1 +<br>PUMP 2<br>(Column 3 +<br>Column 5) | AVG. DAILY<br>OPERATING<br>HOURS<br>Column 7 Divided<br>by Column 6 |  |  |  |
| <b>→</b>  |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 2   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 3   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 4   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 5   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 6   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 7   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 8   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 9   |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 10  |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 11  |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 12  |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |
| 13  |      |                                  |                           |                                  |                           |                                  |  |   |  |  |  |

- This form must be submitted with the renewal of the PSO permit and when requested by DERM.
- Readings must be taken at least once within the first week of each month.
- Perform all calculations and check all entries before submitting this form.

| - Direct any questions or comments to Mr. Oscar Aguirre at (305) 37   | 2-6877    |  |  |  |  |  |
|---|-----------|--|--|--|--|--|
| I certify under penalty of law that this document and all attachments were prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or the persons directly responsible for gathering the information, that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |           |  |  |  |  |  |
| Authorized Representative, Owner or Corporate Official:   |           |  |  |  |  |  |
|   | Signature |  |  |  |  |  |
| Print Name:   | Date:     |  |  |  |  |  |
|   |           |  |  |  |  |  |

PHONE:

## **SAMPLE CALCULATION**

## PRIVATE SEWAGE PUMP STATION ELAPSED TIME METER FORM

PSO: \_\_\_\_\_ FACILITY NAME: \_\_\_\_

| Ī  | 1       | 2       | 3                 | 4       | 5                 | 6                 | 7                                   | 8                                    |
|----|---------|---------|-------------------|---------|-------------------|-------------------|-------------------------------------|--------------------------------------|
|    | DATE    | PUMP 1  | PUMP 1<br>(hours) | PUMP 2  | PUMP 2<br>(hours) | DAYS IN<br>PERIOD | TOTAL<br>TIME<br>PUMP 1 +<br>PUMP 2 | AVG.<br>DAILY<br>OPERATIN<br>G HOURS |
| 1  | 12/1/98 | 0330.50 |                   | 0086.00 | N/A               |                   | N/A                                 | N/A                                  |
| 2  | 1/2/99  | 0392.00 |                   | 0159.75 |                   | 32                | 135.25                              | 4.23                                 |
| 3  | 2/1/99  | 0468.75 | 76.75             | 0232.00 | 72.25             | 30                | 149.00                              | 4.97                                 |
| 4  | 3/5/99  | 0522.25 | 53.50             | 0312.00 | 80.00             | 32                | 133.50                              | 4.17                                 |
| 5  | 4/1/99  | 0593.00 | 70.75             | 0371.50 | 59.50             | 27                | 130.25                              | 4.82                                 |
| 6  | 5/3/99  | 0671.00 | 78.00             | 0449.00 | 77.50             | 32                | 155.50                              | 4.86                                 |
| 7  | 6/2/99  | 0757.50 | 86.50             | 0554.50 | 105.50            | 30                | 192.00                              | 6.40                                 |
| 8  | 7/1/99  | 0843.00 | 85.50             | 0658.00 | 103.50            | 29                | 189.00                              | 6.52                                 |
| 9  | 8/1/99  | 0933.00 | 90.00             | 0757.25 | 99.25             | 31                | 189.25                              | 6.10                                 |
| 10 | 9/4/99  | 1020.75 | 87.75             | 0855.25 | 98.00             | 34                | 185.75                              | 5.46                                 |
| 11 | 10/1/99 | 1079.00 | 58.25             | 0904.00 | 48.75             | 27                | 107.00                              | 3.96                                 |
| 12 | 11/2/99 | 1128.00 | 49.00             | 0974.50 | 70.50             | 32                | 119.50                              | 3.73                                 |
| 13 | 12/1/99 | 1181.25 | 53.25             | 1022.00 | 47.50             | 29                | 100.75                              | 3.47                                 |
|    |         |         |                   |         |                   |                   |                                     |                                      |

FORM COMPLETED BY:

Ph:

**Column 1:** Enter date reading was taken.

**Column 2:** Enter current reading from ET meter for pump 1.

**Column 3:** Current reading minus previous reading for pump 1.

**Column 4:** Enter current reading from ET meter for pump 2.

**Column 5:** Current reading minus previous reading for pump 2.

Column 6: Calculate the number of days between previous reading and current reading.

**Column 7:** Add Column 3 plus Column 5.

**Column 8:** Divide column 7 by column 6.